



# 2016 COMMUNITY HEALTH IMPROVEMENT PLAN



Public Health

City of Kansas City, Missouri  
Kansas City Health Department  
2400 Troost Ave., Suite 3200  
Kansas City, MO 64108

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# MESSAGE FROM THE CO-CHAIRS OF THE MAYOR'S HEALTH COMMISSION

On April 19, 2001, then Mayor Kay Barnes established the Kansas City Health Commission. The Commission was charged with developing and implementing a Community Health Improvement Plan for Kansas City (KC-CHIP) that would involve the whole community. According to the Public Health Accreditation Board, a community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community.

In 2015 Kansas City became one of the eight cities to win the Robert Wood Johnson Foundation's 2015 Culture of Health Prize for reducing health inequities as a matter of social justice. Change in the form of community mobilization and policy development comes when community members affected by existing policies are engaged in civic processes. It is with great pleasure we present the Kansas City Community Health Improvement Plan for 2016-2021, a joint effort between the Health Commission, the Kansas City Health Department and the community with the ultimate goal of improving the health of Kansas City, Missouri.

As we reflect on the 2011-2016 CHIP, we would like to highlight a few major accomplishments. The 2011-2016 KC-CHIP and other public health priorities strengthened our ability to respond to infectious diseases and terrorism threats; improve the quality of our restaurant and other inspections; taken significant steps to reduce exposure to secondhand smoke in both the workplace and in public venues; and, helped to establish a medical care clinic in an underserved area of the community. We have embarked on a number of new initiatives to address the complex web of policies and behaviors that discourage healthy lifestyles and, thereby, contribute to the health problems extracted by chronic diseases, diet, and inactivity.

Now, April 2016, the Kansas City Health Commission is pleased to welcome you to the 2016 - 2021 KC-CHIP. Through a series of interactive community meetings that engaged several agencies, such as churches, neighborhood associations, non-profit organizations, safety net hospitals, clinics and community health agencies, we created KC-CHIP as a living document that belongs to the Kansas City community and focuses on factors that will affect health in our community.

Our hope is that all members of the Kansas City community—health care providers, business leaders, civic leaders, and citizens—will embrace this process and partner with the Mayor’s Health Commission to meet the goals stated in the KC-CHIP to improve health equity.

Sincerely,



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Dr. Lora Lacey-Haun  
Community Co-Chair, Kansas City Missouri Health Commission



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Councilwoman Alissia Canady  
Council Co-Chair, Kansas City Missouri Health Commission



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Dr. Rex Archer  
City Manager Appointed Co-Chair, Kansas City Missouri Health Commission  
Director, Kansas City Missouri Health Department

## ACKNOWLEDGMENTS

The Health Commission is a mayoral- appointed board of 17 members charged with providing structure and oversight for the cyclical development, implementation, and evaluation of the Community Health Improvement Plan (CHIP) for the City of Kansas City, Missouri and to advise the Mayor and City Council on public health matters and policies. The Health Commission's mission is to achieve a citywide collaboration and partnership of organizations and individuals to work together to build a healthier community. The Commission is led by four co-chairs: Community Co-chair, City Council Co-Chair, City Manager Co Chair, and a Vice-Chair.

The Commission relies heavy on its six committees to carry out the CHIP. After completion of the issue areas for the 2016-2021 CHIP, the Health Commission decided to restructure the committees around the goals and objectives of the new CHIP. The current committees are: *Budget and Contract Evaluation, Health Planning and Equity, Violence Free Kansas City, Education, Access to Care, and Birth Outcomes Monitoring*. Each committee has two co-chairs who preside over committee meetings: a commissioner co-chair and a community co-chair. The committees are made up of health commissioners, health advisors (community members who apply to serve for two-year terms), and Health Department Staff.

The CHIP is a collaborative effort. The CHIP would not have been possible without multiple stakeholder convenings, over 400 resident surveys, and two dozen neighborhood meetings of community members who generously provided their time, input, knowledge, and expertise.

The Health Commissioners and Committee Co-Chairs who assisted with the planning, writing, and implementation process of the CHIP are:

Dr. Rex Archer

Marissa Gencarelli

Councilman Michael Brooks

Dr. Rosemary Graves

Dr. Luis Cordoba

Dan Haley

Tom Cranshaw

Viannella Halsall

Stan Edlavitch

Cokethea Hill

Pearl Fain

Chief Randy Hopkins

Councilman Ed Ford

Dr. Seft Hunter

2016-2021 Community Health Improvement Plan  
Kansas City, Missouri

Alice Kitchen

Susan McLoughlin

Brenda Kumm

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Dr. Lora Lacey-Haun

Dr. Donald Potts

Bryan Love

Melissa Robinson

Clay Marcusen

Landon Rowland

Dr. Sarah Martin-Anderson

Michael Seward

Michael Mayberry

Linda Smith

Michael McGill

Legislator Crystal Williams

Appreciation is extended to all the Health Advisors of the following Standing Committees:  
*Budget and Contract Evaluation, Health Planning, Health Equity, Tobacco Use Reduction,  
Violence Free Kansas City, Women's Infant and Children's Health*

Additional appreciation is also give to the following organizations and groups:

Aim4Peace

Department of Health and Human Services

B.E. Education Group, LLC

Good Samaritan Project

Benilde Hall

Grandview School District

Black Health Care Coalition

Great KC Restaurant Association

Blue Cross Blue Shield Kansas City

Harvesters

Children's Mercy Hospital

Health Care Foundation GKC

City of Independence Health Department

Homeless Services Coalition

City of Kansas City Missouri

Hope Family Care Center

City Union Mission

Housing Authority of Kansas City, MO

Clay County Health Department

Jackson County Community Mental Health Fund

Communities Creating Opportunity (CCO)

Jackson County Combat

Community Assistance Council

Peace Corps (RPCV)

2016-2021 Community Health Improvement Plan  
Kansas City, Missouri

Peace Partnership	State of Missouri Department of Mental Health
Platte County Health Department	Swope Ridge Geriatric
REACH Healthcare Foundation	Uzazi Village
Kansas City CARE Clinic	
Kansas City, MO School District	Tri - County Mental Health
KCUMB	U.S. Department of Health and Human Services
KC Care Link	Chouteau Estates Neighborhood
KCMO Fire Department	Highland Garden Neighborhood Association
KC Healthy Kids	Missouri Department of Health and Senior Services
KC Parks and Recreation	Crossroads Neighborhood Association
League of Women Voters	Mother Child Health Coalition
Lewis and Clark Information Exchange	Mental Health America of the Heartland
LISC	Metropolitan Healthy Communities Coalition
Mexican Consulate	Missouri State Public Health Laboratory
Mid America Regional Council	Paseo West Neighborhood Association
Ivanhoe Neighborhood Council	Ward Parkway Homes Association
49/63 Coalition	UMKC School of Medicine
MO Health Lab	UMKC
NBC Community Development Corporation	Truman Medical Center
Northland Health Care Access	MU-Extension Jackson County
Park Hill School District	MORE <sup>2</sup>
ReStart Inc	North Kansas City School District
Rose Brooks	Saint Luke's Health System
Samuel Rodgers Health Centers	UMKC School of Nursing
	Swope Health Services



## EXECUTIVE SUMMARY

The contributors to the 2016-2021 CHIP know that health is not just health care—health is defined as an overall state of well-being, not merely the absence of disease. Expanding the definition of health requires a new, multi-faceted approach to improving community health. By taking on this ambitious agenda, the Health Commission recognizes that it is impossible for one organization or one sector to take ownership over any social determinant of health. Achieving our target measures will take a concerted effort to engage partners in this work.

Many later life health outcomes are predicted by educational milestones—high school graduation is predicted by reading proficiency at 3<sup>rd</sup> grade, and reading proficiency is predicted by even earlier life outcomes such as birth weight, prenatal care, and access to early educational opportunities. *Access to quality education* remains a high priority for Kansas City residents and civic leaders; the CHIP aligns with such initiatives as Turn the Page KC. The CHIP focuses on ensuring all Kansas City 3 and 4 year olds have equitable opportunities to attend preschool, no matter their zip code. The plan also sheds light on the problem of avoidable absences, including those absences due to physical health, mental health, suspension and expulsion, and other social factors such as transportation.

*Improving health through the mitigation of violent crime* is a persistent concern for stakeholders. This CHIP emphasizes not only the reduction of violent crime; it also addresses racial disparities in incarceration and the harsh effects of incarceration on the re-entry population. The Health Commission understands that one way to prevent violent crime is to focus on a healthy pipeline for young men of color in Kansas City's most vulnerable schools—high school graduation is critical. A Youth and Family Master Plan—already in the works in the Violence Free KC Committee of the Health Commission—would demonstrate a city-wide commitment to CHIP goals.

Perhaps no social determinant of health is more obvious than *economic opportunity*. Research shows that it is not only poverty that predicts mortality and morbidity, but inequality as well. The number one predictor of health is not whether a person has health insurance, whether they eat well or even whether they smoke: multiple studies confirm that whether or not someone is wealthy outweighs all of those factors. The CHIP targets two determinants of economic dignity: access to living wage jobs through supply-side and demand-side policies and mitigation of harm from predatory lending.



High quality health care is an essential component of a healthy city. Kansas City is proud to have a strong safety net of publically funded health care for our most vulnerable citizens. However, stakeholders participating in the CHIP process consistently identified gaps in *mental health and preventative care*. The CHIP takes this access gap one step further to direct attention to the importance of culturally competent care in communities of color, communities with low English literacy and communities who have experienced multiple traumas.

The importance of *improvements to the built environment* is not lost on city officials, and it is not lost on the residents of Kansas City. Neighborhoods that are safe, clean, well-maintained and consistently improved are crucial to health status. As the CHIP strategies evolve, the Health Commission will work to monitor the efficacy of blight reduction programs and programs that increase access to locally grown foods while simultaneously monitoring the availability of affordable housing in our lowest life expectancy zip codes.

Kansas City, Missouri continues to cement its national reputation as an entrepreneurial, innovative city. The CHIP is one piece of this reputation—instead of working in the siloes of “traditional” public health and health care, the city has produced a comprehensive plan that recognizes that *the choices we make are shaped by the chances we have*. All of this is done with attention paid to measureable results, transparent tracking of target measures and accountability.

## METHODS

The KC-CHIP is the result of months of gathering community feedback and combining this qualitative data with the quantitative data on health outcomes and social factors. Four main inputs of information feed into the KC-CHIP: The Community Health Assessment (2011-2016); The Social Determinants that Impact Health Report; The Local Public Health System Assessment; and the Quality of Life/Themes and Strengths project.

The *Community Health Assessment Report* addresses many objectives in the KC-CHIP and provides data directly related to action steps supporting these objectives. Throughout the Community Health Assessment, zip code level data are found in both tables and maps to facilitate identification of high risk areas that might benefit from interventions or specific messaging outreach. In addition, data from multiple cities, states, and national agencies are included in this report, to present a comprehensive picture of the health of Kansas City, MO, residents. By sharing this report with the community, residents will have relevant, easily-accessible information that can be used in identifying local health concerns. Data from the Community Health Assessment is intended for wide use and should be reviewed across the City. In particular, data should be discussed within high risk areas to identify the most important and helpful health messages that should be heard by all citizens.

### Findings

In 2009, reported cases of tuberculosis, gonorrhea, and primary & secondary syphilis continued to decline. Tuberculosis cases reached a historic low of 14 cases. There were 1,862 cases of gonorrhea, the lowest total during the decade, and primary & secondary syphilis cases totaled 57, 48% lower than the decade peak of 102 cases recorded in 2007.

In 2009, the Police Department recorded 120 homicides within the city limits (regardless of victim residency). Among residents, there were 96 deaths due to homicide (not all their deaths occurred in Kansas City). Among the resident homicide deaths, 75% of the victims were non-Hispanic blacks, 83% were males, and 94% of the victims resided in the Jackson County portion of the community.

In 2009, Kansas City residents made 206,048 visits to hospital emergency departments and 64,221 residents were admitted to hospitals. Among hospitalized patients, 15.4% were admitted from emergency departments. Emergency department visits increased for the 2nd year while hospitalizations declined. The top 5 reasons for emergency department visits were injury, diseases of the musculoskeletal system, diseases of the nervous system, diseases of the skin/subcutaneous tissues and acute respiratory infections. The top 5 reasons for hospitalization admissions were complications of pregnancy/birth, newborns, mental disorders, heart disease, and injury.

<https://data.kcmo.org/Health/KCMO-Community-Health-Assessment-2011/dpn3-m6cp>

The *Social Determinants Report* focuses on the social factors that predict health. They are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school church, workplace and neighborhood) have been referred to as “place”. In addition to more material attributes of “place”, the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. By working to establish policies that positively influence social and economic conditions and those that support changes in individual behavior, we can improve health for large numbers of people in ways that can be sustained. Improving conditions, in which we live, learn, work and play, and the quality of our relationships, will create a healthier population, society, and workforce.

### Findings

Life expectancy varies greatly by both city council district and by zip code. There is a 7.9 year difference between the district with the highest life expectancy (district 2 at 80.9 years) and the district with the lowest life expectancy (district 3 at 73.0 years). There is a 12.8 year difference between the zip code with the highest life expectancy (64158 at 82.8 years) and the zip codes with the lowest life expectancy (64109 & 64126 at 70.0 years).

According to the Behavioral Risk Factor Surveillance System (BRFSS), the rate of white babies receiving prenatal care in the first trimester was 74.9 per 100 babies as compared to 53.0 per 100 black babies in Kansas City. Both rates are lower than their State counterparts. Black babies are more likely to receive late prenatal care, no prenatal care or inadequate prenatal care in both Kansas City and statewide.

The high school graduation rate in Kansas City, Missouri is 69.5%. Additionally, inequalities exist in the City, relating to educational attainment by school district and race/ethnicity. A greater proportion of individuals 25 years and older living in city council districts 3 and 4 have less than a high school diploma as compared to all other districts (27.7% and 15.3% for districts 3 & 4, respectively vs. 8.2%, 6.0%, 14.5% and 6.6% for districts 1, 2, 5, & 6).

<https://data.kcmo.org/Health/Social-Determinants-That-Impact-Health-2014/cfs9-4vn5>

### *The Local Public Health System Assessment (LPHSA)*

The National Public Health Performance Standards Assessment by the National Association of County and City Health Officials (NACCHO) involves health professionals in the measurement of their local public health systems through a provided “local instrument<sup>1</sup>.” The data for this report was generated in monthly meetings occurring between April 4, 2014 and December 4, 2014. During these sessions, participants were asked to weigh-in on the state of their local public health system as it relates to each of the instrument’s essential public health services. All meetings included the input of various public health stakeholders from the larger Kansas City community and the qualitative data on areas of challenge and opportunity are summarized for each essential service report.

### Findings

A deeper dive into the feedback from stakeholders revealed three cross-cutting themes that align with the strengths and challenges above. Much of the conversations in the monthly meetings oriented towards the difficulty in combining traditional public health service with the emerging need to address structural issues of inequality.

- **Communication.** By far, the most universal theme across the 10 essential services was the need for more communication—across sectors, within organizations, between organizations and the public. Stakeholders identified several different types of communication gaps, including: the need to communicate organizational successes, a need for a clearinghouse of evaluation findings, and the inherent difficulty of communicating about the social determinants of health.
- **Coordination.** A major challenge for the local public health system is coordinating care across sectors, especially as public health incorporates more public policy analysis in sectors historically not in the public health domain. Coordination of clinical care is also a challenge.
- **Evaluation.** The need for more rigorous evaluation runs deep throughout the 10 essential services. From evaluating the stakeholder engagement process for the CHIP, to evaluating whether programs and services are “working”, it was evident that stakeholders find the ability of the local public health system to establish a bank of evidence-based practices lacking.

<https://drive.google.com/file/d/OB6SOj3PQItWdVTR2X3U2YTIGbTg/view?usp=sharing>

The *Quality of Life and Community Themes and Strengths Assessments* engaged over 400 residents through survey data and a series of listening sessions designed to measure how the people of Kansas City felt about their communities. Statistical tests of the association between demographic characteristics and the perception of quality of life in the survey data revealed a few patterns. There was no significant relationship between respondent income and most quality of life questions. There was a strong, statistically compelling (Chi-Square test;  $P = .003$ ) relationship between race and overall community satisfaction (Appendix B) driven by differences between Black and White respondents. This pattern was repeated for dissatisfaction with availability of illness treatment and neighborhood safety.

Educational attainment was a strong predictor of satisfaction with preventative care, with more highly educated people expressing satisfaction with the availability of such care in their community ( $p = .002$ ). Overall, education was a better predictor of satisfaction than income. Income was only strongly predictive of dissatisfaction with transit options, with more affluent respondents more likely to express dissatisfaction.

Qualitative analysis of the final, open-ended questions on the survey revealed the following<sup>1</sup>.

Open-Ended Question 1: What services or programs do you feel improve the quality of life in your community?

- Community centers/support groups/after school programs and non-profits serving the community and offering services
- Parks and green space for active living
- Transit diversity (bikes, walking, busses)
- An engaged and informed community
- Free entertainment
- Healthy Food
- Job trainings/Skill building
- Churches
- Quality education
- Well-kept homes
- Accessible health care

Open-Ended Question 2: What policies do you feel improve the quality of life in your community?

- Smart development/homebuyer assistance/development/land bank

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<sup>1</sup> Responses were only used if understanding of the question was apparent. For some questions, respondents did not answer about their own communities, but instead answered with aspirations about what they wish their communities would look like. I have condensed the categories down to a manageable size. Raw data is available on the Survey Monkey site. Responses are ranked in order of frequency. Responses that belonged better in policy vs. programs were moved accordingly.

- Utility assistance
- Voter engagement
- Crime/Violence Prevention
- Code enforcement
- No- Smoking policies
- Equitable transit

Open-Ended Question 3: Identify your top 3 concerns or needs in your community

- 1) Violence
- 2) Education
- 3) Poverty/Economic Development

Open-Ended Question 4: Identify 3 attributes about the community in which you live that you would replicate for the city as a whole

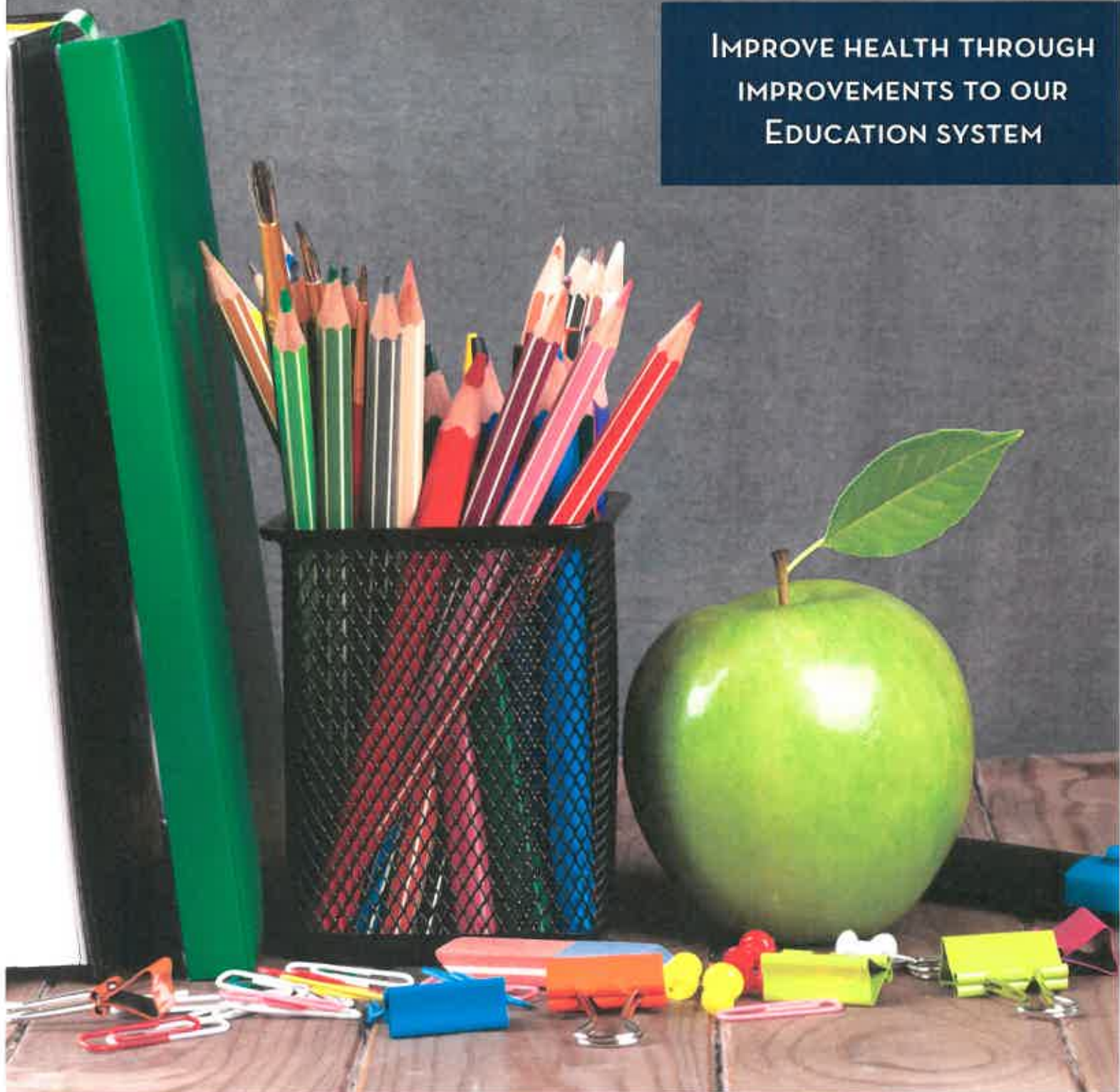
- 1) Social Support/Cohesion
- 2) Green Space/Active living
- 3) Safety

In addition to the survey data, Health Commissioners engaged in a series of 14 neighborhood listening sessions, focusing on resident perception of the challenges and opportunities in their neighborhoods. The themes from those sessions mirrored the results of surveys; residents' most pressing challenges were related to violent crime, K-12 educational equity and the role of the built environment on shaping their neighborhood character.



# ISSUE 1

IMPROVE HEALTH THROUGH  
IMPROVEMENTS TO OUR  
EDUCATION SYSTEM





## GOAL: ALL KANSAS CITY 3<sup>RD</sup> GRADERS SHOULD BE ABLE TO READ AT GRADE LEVEL

### OBJECTIVES:

- INCREASE THE PROPORTION OF 3 AND 4 YEAR OLDS WHO ATTEND HIGH QUALITY EARLY CHILDHOOD EDUCATION
- DECREASE THE NUMBER OF SCHOOL DAYS MISSED DUE TO PREVENTABLE PHYSICAL, BEHAVIORAL, DISCIPLINARY OR SOCIAL CAUSES
- INCREASE THE NUMBER OF HOUSEHOLDS WITH CONSISTENT ACCESS TO A COMPUTER WITH RELIABLE INTERNET ACCESS

Target Measures (by objective)	Source	Frequency
1.1.1 At least 25% of all 3 year old children and 80% of all 4 year old children attend a quality early childhood education program (UNICEF Benchmark)	American Community Survey	Annual
1.1.2 90% of students will be in attendance 90% of the year in schools located in the lowest life expectancy zip codes. (Missouri Benchmark)	Department of Elementary and Secondary Education (DESE)	Annual
1.1.3 Decrease to 25% the number of internet non-users in low-income households and decrease to 10% the number of non-users who lack access to a computer by 2021.	Google/Pew Research  American Community Survey	Annual
<i>Target Measures for Goal</i>	<i>Source</i>	<i>Frequency</i>
At least 85% of third grade public school students meet or exceed reading proficiency by 2021 (STAR Communities Benchmark)	DESE	5 years

According to research, early childhood education is a critical part of a child's learning and development. Advances in neuroscience and research demonstrate the benefits of high quality education for young children, as it provides the necessary foundations for more advanced skills. Additional research shows that children who participate in quality early

childhood educational programs have better health, social emotional skills, and cognitive outcomes than those who do not participate.

Decreasing the number of preventable absences in early education is imperative, as it affects literacy development, academic achievement, test scores, and high school graduation rates. Frequent absences in early education also lead to increased numbers of children dropping out of school in later grades. Chronic absenteeism, which leads to lower educational success and achievement, is a predictor of worse lifetime health. It is defined as kids who miss 10% or more school days in a year for any reason. Thus, the less education a child has, the more likely they are to grow into an adult with an increased chance of smoking, being overweight, having diabetes, or dying prematurely.

Lower income households are less likely to have computers and high speed broadband internet. Nonetheless, technology is robustly advancing in classrooms; therefore, computers with internet access are becoming more of a growing need in households, as they allow children to do homework, research, write papers, and communicate digitally with their teachers and other students from having the benefit of a technology enriched education.

To learn more visit:

<https://www2.ed.gov/documents/early-learning/matter-equity-preschool-america.pdf>

<http://www.attendanceworks.org/wordpress/wp-content/uploads/2014/10/Chronic-Absence-and-Health-Review-10.8.14-FINAL-REVISED.pdf>

<https://www.whitehouse.gov/the-press-office/2015/07/15/fact-sheet-connecthome-coming-together-ensure-digital-opportunity-all>

The background of the cover is a photograph of a man from behind, looking towards a community event. In the background, there are people, including a child in a clown costume, and a colorful play structure. The man is wearing a dark t-shirt with white text on the back.

ISSUE

2

IMPROVE HEALTH THROUGH  
THE MITIGATION  
OF VIOLENT CRIME

Aim4Pea  
OUTREACH

## GOAL: REDUCE THE INCIDENCE OF VIOLENT CRIME AND ADDRESS RACIAL DISPARITIES IN INCARCERATION.

### OBJECTIVES:

- CREATE, IMPLEMENT AND SUSTAIN A YOUTH AND FAMILY VIOLENCE PREVENTATION PLAN BY 2021
- INCREASE THE PRIORITY OF VIOLENCE PREVENTION AS A PUBLIC HEALTH ISSUE
- DEMONSTRATE INCREMENTAL PROGRESS TOWARDS A 90% AVERAGE 4-YEAR ADJUSTED COHORT HIGH SCHOOL GRADUATION RATE IN KANSAS CITY'S MOST VULNERABLE SCHOOLS FOR AFRICAN AMERICAN AND HISPANIC STUDENTS BY 2021.

A public health approach to violence prevention emphasizes input from diverse sectors including health, education, social services, justice, policy and the private sector. Collective action on the part of these stakeholders can help in addressing problems like violence. Effective public health interventions focus on prevention, rather than reaction to incidences of violence and address all age groups to encourage the systemic and long-term prevention of violence.

Research shows that youth violence is a serious problem that can have lasting harmful effects on victims and their family, friends and communities. Prevention efforts should aim to reduce factors that place youth at risk for perpetrating violence and promote factors that protect youth at risk for violence. In addition, prevention should address all types of influences on youth violence: individual, relationship, community and society.

A growing body of research has shown those who do not graduate from high school have an increased risk of incarceration<sup>3</sup>. In Kansas City's most vulnerable schools for African American and Hispanic students, the 2015 on 4 year graduation rate for African Americans

Target Measures (by objective)	Source	Frequency
2.1.1 Creation of a Youth and Family Violence Prevention Plan to build upon existing efforts of the multiple VFKCC organizations, to leverage resources, as well as, to collaborate, streamline and combine efforts to move collective citywide goals.	Violence Free KC	Annual
2.1.2 Increased funding of public health approaches to Violence Prevention	Various	Annual
2.1.3 Incremental progress towards a 90% 4 year-adjusted cohort and 5 year-adjusted cohort high school graduation rate in Kansas City's most vulnerable schools for African American and Hispanic Students. (STAR Communities Benchmark)	DESE	Annual
<i>Target Measures for Goal</i>	<i>Source</i>	<i>Frequency</i>
Demonstrate average homicide rate is below 5.5 homicides per 100,000 residents. (STAR Communities Benchmark)	KCMO Crime data	5 years
Demonstrate average rape or attempted rape rate is below 70 incidents per 100,000 residents. (STAR Communities Benchmark)	KCMO Crime data	5 years
Demonstrate incremental increase towards a 90% graduation rate for African American and Hispanic students. (STAR Communities Benchmark)	DESE	5 years

2016-2021 Community Health Improvement Plan  
Kansas City, Missouri

was 66.8% and for Hispanics was 60.3%.

To learn more visit:

<http://www.thecommunityguide.org/violence/index.html>

<http://www.astho.org/Prevention/Preventing-Firearm-Injury-and-Death/>

<http://www.cdc.gov/violenceprevention/overview/publichealthapproach.html>

Mauer, M. 2011. Addressing Racial Disparities in Incarceration. *The Prison Journal* 91(3) 87S-101S. DOI: 10.1177/003285511415227

Working in Unity toward a Violence-Free Kansas City: A collaboration Multiplier Analysis – April 2015. KCMO Health Commission Kansas City Violence Free Committee



A young man with short dark hair, wearing clear safety glasses and a dark blue work jacket over a light blue shirt, is smiling at the camera. He is working in a workshop, leaning over a blue lathe machine. His hands are on the machine, and he appears to be adjusting or working on a metal part. The background shows industrial equipment and a blue structural beam.

ISSUE

3

IMPROVE HEALTH THROUGH  
IMPROVEMENTS IN  
ECONOMIC OPPORTUNITY



## GOAL: DECREASE THE INCOME AND WEALTH GAP BETWEEN ZIP CODES

### OBJECTIVES:

- INCREASE ACCESS TO LIVING WAGE JOBS THROUGH BOTH SUPPLY-SIDE (JOB SKILLS AND VOCATIONAL TRAINING) AND DEMAND SIDE (EXAMPLE: RAISING THE MINIMUM WAGE) POLICIES
- DECREASE THE NEGATIVE IMPACT OF PREDATORY LENDING ON BORROWERS AND INCREASE THE ACCESS TO ALTERNATIVE FORMS OF AFFORDABLE SHORT-TERM LINES OF CREDIT

Target Measures (by objective)	Source	Frequency
3.1.1 Increase in the % of families making a living wage (by specific household type and adjusted for Kansas City cost of living) (STAR Communities Benchmark)	Economic Policy Institute  Policy Link  Massachusetts Institute of Technology	Annual
3.1.2 Decrease in the average APR of short term personal loans to 36%	TBD	Annual
<i>Target Measure for Goal</i>	<i>Source</i>	<i>Frequency</i>
10% decrease in the income and wealth gap between the highest and lowest life expectancy zip codes	American Community Survey  KCMO Health Dept.	Annual

The federal poverty threshold is often used by policy makers to determine an individual's ability to maintain a certain standard of living. However, poverty thresholds do not account for geographic variation in the cost of essential household expenses or other important expenses like health care and child care. Alternative living wage models factor in the geographically specific expenditure data related to a family's minimum needs for expenses like food, child care, health insurance, housing, transportation, and other basic necessities. Using a living wage standard, as opposed to the federal poverty limit, as a target is a more meaningful approach to measuring the impact of KC-CHIP.

Payday loans are very high cost, high interest bearing, short term loans that ensnare borrowers in a debt trap. The average Missouri interest rate for payday lenders was 451.91%

in January 2015. Alternative lending programs that are less punitive on their terms for short term lending, have an APR of 36% or less, a term of at least 90 days or one month per \$100 borrowed, require multiple installment payments, and don't require the borrower to turn over a post-dated check or electronic access to a bank account. These requirements give borrowers a reasonable chance of repaying their loans without having to take out a new loan to cover household expenses and bills. Many credit unions and some banks offer affordable short term lines of credit.

To learn more visit:

<http://livingwage.mit.edu/resources/Living-User-Guide-and-Technical-Notes-2014.pdf>

[https://www.nclc.org/images/pdf/high\\_cost\\_small\\_loans/payday\\_loans/report-stopping-payday-trap.pdf](https://www.nclc.org/images/pdf/high_cost_small_loans/payday_loans/report-stopping-payday-trap.pdf)

<https://finance.mo.gov/Contribute%20Documents/2015PaydayLenderSurveyReport.pdf>

A photograph of a woman with dark hair, wearing a black long-sleeved top, lying down with her eyes closed. In the foreground, a person in a white lab coat is partially visible, holding a white pen. The background is a bright, clinical setting.

# ISSUE 4

IMPROVE HEALTH THROUGH  
INCREASED UTILIZATION OF  
MENTAL HEALTH CARE AND  
PREVENTATIVE SERVICES.

## GOAL 1: INCREASE UTILIZATION OF MENTAL HEALTH SERVICES

### OBJECTIVES:

- OBJECTIVE 1: INCREMENTALLY DECREASE HPSA SCORE FROM CURRENT SCORE OF 16 FOR JACKSON COUNTY AND CLAY/PLATTE COUNTIES
- OBJECTIVE 2: INCREASE THE NUMBER OF HEALTH CARE PROVIDERS MEASURING THEIR LEVEL OF CULTURALLY COMPETENT CARE
- OBJECTIVE 3: INCREASE NUMBER OF COLLEGES/UNIVERSITIES WITH HEALTH CARE PROFESSION PROGRAMS THAT OFFER A CULTURAL COMPETENCY COURSE

Target Measures (by objective)	Source	Frequency
4.1.1 Incrementally decrease Health Professional Shortage Areas (HPSA) Score <sup>2</sup> for mental health providers for Jackson, Clay and Platte Counties.	Health Resources & Services Administration	Annual
4.1.2 Increase number of health care providers measuring their level of culturally competent care through patient satisfaction. (NQF Measures / CLAS Standards Implementation Strategy)	HHS - National CLAS Standards	Annual
4.1.3 Increase number of colleges/universities with health care profession programs (including, medical, nursing, physical therapy, dietetics, chiropractor, and alternative medicine) that offer a cultural competency course.	Academic course catalogs for KC Metro colleges and universities	Annual
<i>Target Measures for Goal</i>	<i>Source</i>	<i>Frequency</i>
Number and percentage of residents receiving the following mental health services during the year: any service, inpatient, intensive outpatient. (National Quality Measure - AHRQ)	participating health care providers and/or health plans	Annual
Rate of hospitalizations and ED visits due to mental health issues	Missouri Hospital Discharge Data	Annual

<sup>2</sup> The HPSA score is defined as the number of full-time, non-Federal primary medical care, dental, and mental health providers serving the area, population group, or facility. This target measure focuses on the HPSA score for mental health providers specifically.

## GOAL 2: INCREASE UTILIZATION OF PREVENTATIVE HEALTH SERVICES

### OBJECTIVES:

- OBJECTIVE 1: INCREMENTALLY DECREASE THE NUMBER OF HOSPITAL ADMISSIONS THAT ARE PREVENTABLE
- OBJECTIVE 2: INCREASE THE RATE OF AFRICAN AMERICAN MOTHERS RECEIVING PRENATAL CARE IN THEIR FIRST TRIMESTER
- OBJECTIVE 3: DECREASE THE RATE OF CHLAMYDIA, GONORRHEA AND SYPHILIS—PARTICULARLY AMONG THE ADOLESCENT POPULATION

Target Measures (by objective)	Source	Frequency
4.2.1 Incrementally decrease the number of hospital admissions and Emergency Department visits that are preventable (RJWF Benchmark)	Missouri Hospital discharge data	Annual
4.2.2 Increase the rate of African American mothers receiving prenatal care in their first trimester.	BRFSS  KCMO Health Dept.	TBD
4.2.3 Decrease the case rate of chlamydia, gonorrhea and syphilis, particularly among the adolescent population	Communicable Disease	Annual
<i>Target Measures for Goal</i>	<i>Source</i>	<i>Frequency</i>
Kansas City is a top performer in regards to morbidity and mortality due to communicable diseases (STAR community Benchmark)	Hospital discharge and death data	5 years
Incrementally increase the percent of patients over age 18 visiting a provider for primary care are also being screened for depression and referred for treatment, if necessary (CMS Benchmark).	TBD	Annual
Incrementally decrease the overall Fetal Mortality Rate for African Americans in Kansas City from 9.5 per 1,000 live births in 2014.	KCMO Health Dept.	Annual
Incrementally reduce the overall Maternal Mortality Rate for African American mothers in Kansas City from 27.7 per 100,000 live births in 2014.	KCMO Health Dept.	Annual

Mental health is fundamental to both physical health and quality of life. There is a growing body of research suggesting the link between mental and physical health and outcomes such as educational achievement, productivity at work, development of positive personal relationships, reduction in crime rates and decreasing use of alcohol and drugs. Promoting mental health should not only result in lower rates of some mental health disorders and improved physical health but also improvements in educational achievement, productivity, improved relationships within families and safer communities. Promotion of mental health includes assurance of equitable access to health care, especially professionally trained mental health care providers.

Culturally competent care is defined as care that is responsive to diversity in the patient population and cultural factors that can affect health and health care, such as language, communication styles, beliefs, attitudes and behaviors. Research shows that racial and ethnic minorities often receive lower quality of care, as compared to whites, due in part to the differences in social and cultural norms.

The knowledge developed regarding culturally competent care is best served when it is integrated into every facet of a school, program or agency. Educational institutions and accreditation bodies can foster this by developing cultural competence standards to ensure preparation by the students, faculty and staff.

Kansas City residents experience a high number of potentially avoidable hospitalizations, which are expensive and disruptive. Implementation of evidence-based clinical and educational interventions can reduce avoidable hospitalizations. Patients who receive prompt attention from primary care providers for acute illness or worsening chronic conditions have a great opportunity to avoid hospitalization. Studies by AHRQ, and other organizations, demonstrate a positive correlation between use of high quality primary care services and reductions in hospital admissions.

Research shows that early and regular prenatal care will help improve health outcomes of pregnancy for mothers and infants. Two of the most significant benefits of early and regular prenatal care are improved birth weight and decreased risk of preterm delivery. Infants born to mothers who received no prenatal care have an infant mortality rate five times that of mothers who received appropriate prenatal care identified as “low birth weight” is twice that of babies born to White and Hispanic mothers. The likelihood that an infant will die before his first birthday is over twice as high for an African American mother compared to her White and Hispanic counterparts. The inequity in maternal death follows the same pattern in the first trimester of pregnancy. The percentage of babies born to African American mothers compared to her White and Hispanic counterparts. The inequity in maternal death follows the same pattern.

Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women, including infertility. In particular, chlamydia and gonorrhea are important preventable causes of infertility and the two highest reported case rates of STDs in Kansas City, Missouri. Cases of primary and secondary syphilis have increased dramatically in recent years. All three diseases are easily curable in the early stages of infection, thus early detection and treatment are critical to prevent the spread of disease and progression that may cause irreversible damage.

To learn more visit:

<http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/mentalhealthhpsaoverview.html>

[http://www.who.int/mental\\_health/evidence/MH\\_Promotion\\_Book.pdf](http://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf)

<https://www.thinkculturalhealth.hhs.gov/content/clas.asp>

<http://www.usc.edu/hsc/ebnet/Cc/EBCCC.htm>

<http://www.house.mo.gov/billsummary.aspx?bill=HB1839&year=2016&code=R>

<http://www.usc.edu/hsc/ebnet/Cc/encounters/ccencounter.htm>

<http://www.ahrq.gov/research/findings/nhqrdr/2014chartbooks/carecoordination/carecoord-measures3.html>

<http://www.hrsa.gov/quality/toolbox/measures/prenatalfirsttrimester/part3.html>

[https://data.kcmo.org/Health/Social-Determinants-that-Impact-Health-2014/7feuycxr?category=Health&view\\_name=Social-Determinants-that-Impact-Health-2014](https://data.kcmo.org/Health/Social-Determinants-that-Impact-Health-2014/7feuycxr?category=Health&view_name=Social-Determinants-that-Impact-Health-2014)

<http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases/objectives>





ISSUE

5

IMPROVE HEALTH THROUGH  
IMPROVEMENTS TO OUR  
BUILT ENVIRONMENT

## GOAL: INCREASE THE PROPORTION OF NEIGHBORHOODS THAT ARE SAFE, CLEAN, WELL-MAINTAINED AND CONSISTENTLY IMPROVED

### OBJECTIVES:

- OBJECTIVE 1: IMPROVE THE EFFICACY OF BLIGHT REDUCTION PROGRAMS INCLUDING ILLEGAL DUMPING ENFORCEMENT, LAND BANK AND KC HOMESTEADING AUTHORITY.
- OBJECTIVE 2: IMPROVE ACCESS TO LOCALLY GROWN, PROCESSED AND MARKETING HEALTHY FOODS
- OBJECTIVE 3: INCREASE THE NUMBER OF MULTI-UNIT HOUSING FACILITIES THAT ARE COMPLETELY SMOKE FREE.

Target measures (by objective)	Source	Frequency
5.1.1 Decrease number of properties on dangerous buildings list to 394 (50% reduction)	KCMO	Annual
5.1.1 Decrease the number of summons and the total amount of fines for illegal dumping by 10%	KCMO	Annual
5.1.1 80% of Land Bank properties closed within 45 days	KCMO	Annual
5.1.2 Increase number of Farmers markets in KCMO food deserts to 10.	USDA	Annual
5.1.2 Increase proportion of SNAP clients using food stamp “double-up” programs by 10 percentage points.	TBD	TBD
5.1.3 Double the number of multi-unit housing facilities that are completely smoke free by 2021.	CDC, HUD	Annual
<i>Target measures for Goal</i>	<i>Source</i>	<i>Frequency</i>
Increase # of Compact & Complete Centers (CCCs) in KCMO (STAR community outcome BE-3.1). Reduce the Neighborhood Disinvestment Index by 10% (RWJF Benchmark)	Various	5 years
Increase in measureable social capital in lowest life expectancy zip codes	TBD	5 years

Where we live plays a big role in determining *how long* we live. Blighted neighborhoods can lead to an increase in crime, a depletion of social cohesion and exposure to toxic substances in the air and water. Encouraging residential stability and improving neighborhood aesthetics can go a long way in increasing life expectancy.

Encouraging local production of food is not only good for the individual consumer; it is good for the community. When food is produced and sold locally, it contributes to more established neighborhoods, thriving small businesses, a cleaner environment and healthier people. Focusing on bringing locally grown healthy food to the most disenfranchised neighborhoods could have exponential effects on health outcomes and life expectancy.

Although smoking is now banned in indoor public places and workplaces, millions of Americans remain exposed to secondhand smoke at home. Residents of multi-unit housing are more susceptible to secondhand smoke infiltration between units. More public agencies are working together to prohibit smoking in places where people live in an effort to reduce costs associated with secondhand smoke exposure and improve public health. The Center for Disease Control and Prevention conducted a study that examined the costs associated with smoking in multi-unit housing, finding that integrating smoke free policies in these units nationwide would save approximately \$500 million dollars annually.

To learn more visit:

<http://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf>

[http://www.preventioninstitute.org/index.php?option=com\\_jlibrary&view=article&id=114&Itemid=127](http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=114&Itemid=127)

<http://www.cdc.gov/healthyplaces/healthtopics/healthyfood/markets.htm>

<http://www.rwjf.org/en/library/research/2009/12/special-supplement-of-the-journal-of-hunger-environmental-nutrit/principles-for-framing-a-healthy-food-system.html>

[http://www.cdc.gov/pcd/issues/2014/pdf/14\\_O222.pdf](http://www.cdc.gov/pcd/issues/2014/pdf/14_O222.pdf)

[http://www.hud.gov/offices/lead/NHHC/presentations/P-14\\_ETS\\_in\\_Multifamily\\_Housing.pdf](http://www.hud.gov/offices/lead/NHHC/presentations/P-14_ETS_in_Multifamily_Housing.pdf)